

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Campaign for Working Families

ADDRESS (number and street)

2800 Shirlington Road, Suite 930

☐Check if different  
than previously  
reported. (ACC)

Arlington

VA

22206

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00325076

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2006

through

01

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Amy Myers

Signature of Treasurer

Electronically Filed by Amy Myers

Date

01

17

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Campaign for Working Families

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		982491.24
(b) Cash on Hand at Beginning of Reporting Period .....	982491.24	
(c) Total Receipts (from Line 19) .....	41100.58	41100.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1023591.82	1023591.82
7. Total Disbursements (from Line 31) .....	34520.87	34520.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	989070.95	989070.95
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	14336.53	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Campaign for Working Families

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 1D D  
3 1Y Y Y Y  
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27910.50	27910.50
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	10416.70	10416.70
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	38327.20	38327.20
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	38327.20	38327.20
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2773.38	2773.38
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	41100.58	41100.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	41100.58	41100.58

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		34520.87	34520.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		34520.87	34520.87
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	0.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		34520.87	34520.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		34520.87	34520.87

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	38327.20	38327.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38327.20	38327.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	34520.87	34520.87
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	34520.87	34520.87

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR CHRISTOPHER ALLEN

Mailing Address 600 TRAVIS ST STE 4200

City State Zip Code  
HOUSTON TX 77002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANDREWS & KURTH LLP

Occupation  
ATTORNEY

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62818

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
MRS JANICE ALLEN

Mailing Address 2147 HOOD DR

City State Zip Code  
THOUSAND OAKS CA 91362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CAPISTRANO VALLEY CHRISTI-  
AN

Occupation  
TEACHER

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62876

Amount of Each Receipt this Period

400.00

**C.** Full Name (Last, First, Middle Initial)  
MR MARK ANDREWS, JR

Mailing Address 11 CHESTERFIELD LAKES RD

City State Zip Code  
CHESTERFIELD MO 63005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62771

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 29

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Campaign for Working Families

A. Full Name (Last, First, Middle Initial)

MR JEFFREY B ARMOUR

Mailing Address 25511 RANGEWOOD RD

City State Zip Code  
LAGUNA HILLS CA 92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEWPORT BEACH CA

Occupation  
REAL ESTATE

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.62892

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)

MRS KAREN ARMOUR

Mailing Address 25511 RANGEWOOD RD

City State Zip Code  
LAGUNA BEACH CA 92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.62893

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)

MRS CHARLOTTE B BAKER

Mailing Address 3250 W LAKE SAMMAMISH PKWY NE

City State Zip Code  
REDMOND WA 98052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OVERLAKE HOSPITAL

Occupation  
MOTHER & ANESTHESIOLOGIST

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62925

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

10250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 8 / 29

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR DONALD C BISHOP

Mailing Address 15916 LA LINDURA DR

City State Zip Code  
WHITTIER CA 90603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62869

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

MR EARL T BRADLEY

Mailing Address BOX 787

City State Zip Code  
EASTLAND TX 76448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EBAA IRON INC

Occupation  
PRESIDENT/CEO

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62814

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

MR TRENT A BUCHER

Mailing Address 6516 E 100 N

City State Zip Code  
BLUFFTON IN 46714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HONEGGENA RINGGER & CO

Occupation  
CPA

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62699

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MS CECILIA DIXON

Mailing Address 1770 CHOCTAW TR

City State Zip Code  
MAITLAND FL 32751

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIRCLE CHRISTIAN SCHOOL

Occupation  
RECORDS CLERK

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62644

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

MRS KATHLEEN A ECHELBERGER

Mailing Address 16207 LARCH WAY

City State Zip Code  
LYNNWOOD WA 98087

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF

Occupation  
HOMEMAKER

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.62926

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)

MR MAYNARD M EYESTONE

Mailing Address 19334 KING'S GARDEN DR N  
APT 112

City State Zip Code  
SHORELINE WA 98133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62929

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR RONALD B FLEISCHMAN

Mailing Address 358 PLANTATION DR

City State Zip Code  
 GREENWOOD SC 29649

FEC ID number of contributing federal political committee.

C

Name of Employer  
WJ TURPISH & CO.Occupation  
REGIONAL SALES MGR

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62626

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
R DEAN FREEMAN

Mailing Address 6443 BURLWOOD RD

City State Zip Code  
 CHARLOTTE NC 28211

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62617

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
TAMARA M HALL

Mailing Address 303 ROCKY RD

City State Zip Code  
 BOZEMAN MT 59718

FEC ID number of contributing federal political committee.

C

Name of Employer  
SELFOccupation  
SPEAKER

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.62753

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR EUGENE HENN

Mailing Address 2140 WEST HENRIETTA RD

City State Zip Code  
 ROCHESTER NY 14623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BETTER LIGHT & POWER

Occupation  
PRESIDENT

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62585

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
MR MARK HERRING

Mailing Address 301 TOWERING CREST

City State Zip Code  
 CANTON TX 77070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HERRING PRODUCTIONS

Occupation  
PRESIDENT

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62821

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
JEFF JACOBS

Mailing Address 1200 CONNELL RD

City State Zip Code  
 ORTONVILLE MI 48462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
INSURANCE SALES

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62711

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MRS ARLENE JOHNSON

Mailing Address 4512 BRENDA DR

City State Zip Code  
FLOWER MOUND TX 75022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.50

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.62803

Amount of Each Receipt this Period

610.50

**B.** Full Name (Last, First, Middle Initial)  
MR. JAMES L JOHNSTON

Mailing Address PO BOX 888

City State Zip Code  
LIBERTY CORNER NJ 07938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED - NOT RECD

Occupation  
INFO REQUESTED - NOT RECD

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62574

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
MR DAVID JORGENSON

Mailing Address 6620 N CALLE LOMITA

City State Zip Code  
TUCSON AZ 85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORBAN ENTERPRISES INC

Occupation  
GENERAL CONTRACTOR

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62858

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1110.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MS JANET E LEVY  
Mailing Address 1142 SOMERA RD

City State Zip Code  
LOS ANGELES CA 90077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
POLITICAL ACTIVIST

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.62864

Amount of Each Receipt this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
MR MICHAEL W MCRAE  
Mailing Address 4710 PAULA WAY

City State Zip Code  
FAIR OAKS CA 95628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMUD

Occupation  
ENGINEER

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62909

Amount of Each Receipt this Period

375.00

**C.** Full Name (Last, First, Middle Initial)  
MR JEFFREY N MILLER  
Mailing Address 104 FRIARS CT

City State Zip Code  
WILLIAMSBURG VA 23185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEFFREY MILLER BUILDER IN-  
C.

Occupation  
BUILDER

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62609

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2625.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 / 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR JEFF J NORKUS

Mailing Address 31 POINT WEST DR

City State Zip Code  
BLUFFTON SC 29910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IBMOccupation  
PLANNING

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	0	6

Transaction ID: SA11A1.62627

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
MR MARK NUAMI

Mailing Address 4932 TORONTO AVE

City State Zip Code  
FONTANA CA 92336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF FONTANAOccupation  
MAYOR

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	6

Transaction ID: SA11A1.62888

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
MR & MRS BRIAN NYSTROM

Mailing Address 4075 149TH AVE NW

City State Zip Code  
ANDOVER MN 55304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYSTROM & ASSOCIATES LTDOccupation  
MENTAL HEALTH

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	6

Transaction ID: SA11A1.62740

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR CHARLES D O'DELL

Mailing Address 10803 CRIPPLEGATE RD

City	State	Zip Code
POTOMAC	MD	20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED
 Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	6

Transaction ID: SA11A1.62606

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
MR A KEITH PHILLIPS

Mailing Address 7713 N LUCERNE CT

City	State	Zip Code
KANSAS CITY	MO	64151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOWN & COUNTRY MARKETING &  
SVCOccupation  
PRESIDENT/CEO
 Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	6

Transaction ID: SA11A1.62776

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
MR JAMES C SANDERSON

Mailing Address PO BOX 167

City	State	Zip Code
ODESSA	FL	33556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
PHYSICIAN
 Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	6

Transaction ID: SA11A1.62650

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)

MRS JUDY L STOVER

Mailing Address PO BOX 2069

City	State	Zip Code
EL CAJON	CA	92021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECDOccupation  
INFO REQUESTED- NOT RECD
 Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	6

Transaction ID: SA11A1.62880

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)

JOSEPH P STUBBS

Mailing Address 102 PINE NEEDLE COURT

City	State	Zip Code
STATESBORO	GA	30458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STUBBS OIL CO INCOccupation  
BUSINESSMAN
 Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	6

Transaction ID: SA11A1.62636

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

MR G EDWARD SUITER

Mailing Address 2025 LAMBERT CT

City	State	Zip Code
PLANO	TX	75075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED
 Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	6

Transaction ID: SA11A1.62808

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR C. MICHAEL TURNER

Mailing Address 10 LONE PINE WAY

City State Zip Code  
 COLORADO SPGS CO 80919

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RESTAURANT OWNER

Occupation  
RESTAURANT OWNER

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62846

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
MR KENTON H UNDERWOOD

Mailing Address 106 HONEYSUCKLE DR

City State Zip Code  
 BOALSBURG PA 16827

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.62592

Amount of Each Receipt this Period

225.00

**C.** Full Name (Last, First, Middle Initial)  
MR PAUL T URREA, MD

Mailing Address 850 S ATLANTIC BLVD STE 301

City State Zip Code  
 MONTEREY PARK CA 91754

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PAUL T URREA MD MPH INC

Occupation  
PHYSICIAN

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62877

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

A. Full Name (Last, First, Middle Initial)

MR GREG D YOUNG

Mailing Address 38305 JEFFERSON ST

City State Zip Code  
INDIO CA 92203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
W D YOUNG

Occupation  
MANAGEMENT

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.62886

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

27910.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 29

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
ALLFIRST BANK

Mailing Address 1800 K Street

City State Zip Code  
 Washington DC 20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2773.38

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 1 / 2 0 0 6

Transaction ID: SA17.62977

Amount of Each Receipt this Period

2773.38

Interest Income

**SUBTOTAL** of Receipts This Page (optional) .....

2773.38

**TOTAL** This Period (last page this line number only) .....

2773.38

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

Full Name (Last, First, Middle Initial)

**A.** ALLFIRST BANK

Mailing Address 1800 K Street

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62942

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.** ALLFIRST BANK

Mailing Address 1800 K Street

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62978

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.** Gary Bauer

Mailing Address 2800 Shirlington Road

City  
Arlington

State  
VA

Zip Code  
22206

Purpose of Disbursement  
CONSULTING - POLITICAL & ADMIN

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62953

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**8017.40**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

Full Name (Last, First, Middle Initial)

**A.** Gary Bauer

Mailing Address 2800 Shirlington Road

City  
Arlington

State  
VA

Zip Code  
22206

Purpose of Disbursement  
CONSULTING - POLITICAL & ADMIN

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.62965

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7200.00

Full Name (Last, First, Middle Initial)

**B.** DIRECTECH, INC

Mailing Address 8595 Grovemont Circle

City  
Gaithersburg

State  
MD

Zip Code  
20877

Purpose of Disbursement  
CAGING AND DATA PROCESSING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.62972

Date of Disbursement

/   /

Amount of Each Disbursement this Period

840.24

Full Name (Last, First, Middle Initial)

**C.** F&M BANK

Mailing Address 4117 Chain Bridge Road

City  
Fairfax

State  
VA

Zip Code  
22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.62946

Date of Disbursement

/   /

Amount of Each Disbursement this Period

658.57

**SUBTOTAL** of Disbursements This Page (optional) .....

8698.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

Full Name (Last, First, Middle Initial)

**A. INKWELL, INC**

Mailing Address 1973 COUNTY ROAD C2 WEST

City ROSEVILLE State MN Zip Code 55113

Purpose of Disbursement  
PAC - DIRECT MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62969

Date of Disbursement

01 / 17 / 2006

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. LEXIS NEXIS**

Mailing Address P.O. Box 7247-7090

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Dues and Subscriptions

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62955

Date of Disbursement

01 / 17 / 2006

Amount of Each Disbursement this Period

321.00

Full Name (Last, First, Middle Initial)

**C. MGP Shirlington Gateway**

Mailing Address P.O. Box 201630

City Dallas State TX Zip Code 75320

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62966

Date of Disbursement

01 / 27 / 2006

Amount of Each Disbursement this Period

2212.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6033.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Campaign for Working Families

Full Name (Last, First, Middle Initial)

**A.** Bill Moeller

Mailing Address 2800 Shirlington Road #930

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - POLITICAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.62951

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2150.00

Full Name (Last, First, Middle Initial)

**B.** Bill Moeller

Mailing Address 2800 Shirlington Road #930

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - POLITICAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.62963

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2150.00

Full Name (Last, First, Middle Initial)

**C.** NATIONAL JOURNAL

Mailing Address 1501 M Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Dues and Subscriptions

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.62956

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1597.50

**SUBTOTAL** of Disbursements This Page (optional) .....

5897.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

Full Name (Last, First, Middle Initial)

## **A. US POSTMASTER**

Mailing Address Main Post Office

City  
Washington

State  
DC

Zip Code  
20000

Purpose of Disbursement  
GENERAL OFFICE POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62948

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Dorie Velezis**

Mailing Address 2800 Shirlington Road #930

City  
Arlington

State  
VA

Zip Code  
22206

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62952

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **C. Dorie Velezis**

Mailing Address 2800 Shirlington Road #930

City  
Arlington

State  
VA

Zip Code  
22206

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.62964

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address P.O. Box 17577

City  
Baltimore

State  
MD

Zip Code  
21297

Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.62962

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	0	6

Amount of Each Disbursement this Period

390.71

SUBTOTAL of Disbursements This Page (optional) .....

390.71

TOTAL This Period (last page this line number only) .....

34037.42

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 26 / 29

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Campaign for Working Families**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DIRECTECH, INCNature of Debt (Purpose):  
Caging & Data Processing

Mailing Address 8595 Grovemont Circle

City State ZIP Code  
Gaithersburg MD 20877

Outstanding Balance Beginning This Period

223.11

Transaction ID: SD10.42032

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

223.11

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DIRECTECH, INCNature of Debt (Purpose):  
Caging and Data Processing

Mailing Address 8595 Grovemont Circle

City State ZIP Code  
Gaithersburg MD 20877

Outstanding Balance Beginning This Period

840.24

Transaction ID: SD10.62543

Amount Incurred This Period

0.00

Payment This Period

840.24

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DIRECTECH, INCNature of Debt (Purpose):  
GENERAL OFFICE POSTAGE

Mailing Address 8595 Grovemont Circle

City State ZIP Code  
Gaithersburg MD 20877

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.62970

Amount Incurred This Period

129.87

Payment This Period

129.87

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

223.11

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 27 / 29

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Campaign for Working Families**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DIRECTECH, INCNature of Debt (Purpose):  
Caging and Data Processing

Mailing Address 8595 Grovemont Circle

City State ZIP Code  
Gaithersburg MD 20877

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.62974

Amount Incurred This Period

963.96

Payment This Period

0.00

Outstanding Balance at Close of This Period

963.96

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
INKWELL, INCNature of Debt (Purpose):  
PAC - DIRECT MAIL PRODUCT-  
ION

Mailing Address 1973 COUNTY ROAD C2 WEST

City State ZIP Code  
ROSEVILLE MN 55113

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.62967

Amount Incurred This Period

3500.00

Payment This Period

3500.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
INKWELL, INCNature of Debt (Purpose):  
PAC - DIRECT MAIL PRODUCT-  
ION

Mailing Address 1973 COUNTY ROAD C2 WEST

City State ZIP Code  
ROSEVILLE MN 55113

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.62968

Amount Incurred This Period

4266.26

Payment This Period

0.00

Outstanding Balance at Close of This Period

4266.26

**1) SUBTOTALS** This Period This Page (optional).....

5230.22

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 28 / 29

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MWM Direct Marketing Services

Nature of Debt (Purpose):  
Direct Mail

Mailing Address 8048 Hillrise Court

City State ZIP Code  
Elkridge MD 21075

Outstanding Balance Beginning This Period

2320.90

Transaction ID: SD10.15344

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2320.90

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Seckman Printing

Nature of Debt (Purpose):  
Printing & Mailing

Mailing Address 305 Enterprise Drive

City State ZIP Code  
Forest VA 24551

Outstanding Balance Beginning This Period

-450.00

Transaction ID: SD10.15354

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

-450.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE LUKENS COMPANY'

Nature of Debt (Purpose):  
Direct Mail
Mailing Address 2800 Shirlington Road  
9th Floor
City State ZIP Code  
Arlington VA 22206

Outstanding Balance Beginning This Period

1022.32

Transaction ID: SD10.15340

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1022.32

1) **SUBTOTALS** This Period This Page (optional).....

2893.22

2) **TOTALS** This Period (last page this line number only).....3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 29 / 29

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Campaign for Working Families**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE LUKENS COMPANY'Nature of Debt (Purpose):  
Credit for Error in Billi-  
ngMailing Address 2800 Shirlington Road  
9th FloorCity State ZIP Code  
Arlington VA 22206

Outstanding Balance Beginning This Period

-1022.32

Transaction ID: SD10.15509

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

-1022.32

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE LUKENS COMPANY'Nature of Debt (Purpose):  
PAC - Direct Mail Product-  
ionMailing Address 2800 Shirlington Road  
9th FloorCity State ZIP Code  
Arlington VA 22206

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.62976

Amount Incurred This Period

7012.30

Payment This Period

0.00

Outstanding Balance at Close of This Period

7012.30

1) **SUBTOTALS** This Period This Page (optional).....

5989.98

2) **TOTALS** This Period (last page this line number only).....

14336.53

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)